

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

THE APPLICATION OF RIGHT BEAVER GAS)	
COMPANY FOR A RATE ADJUSTMENT PURSUANT)	CASE NO.
TO THE ALTERNATIVE RATE FILING PROCEDURE)	10404
FOR SMALL UTILITIES)	

O R D E R

On January 19, 1989, an Order to Cease and Desist and to Show Cause was issued to Right Beaver Gas Company ("Right Beaver") based upon information the Commission had received that Right Beaver had implemented an unapproved rate increase. An informal conference was held between Right Beaver and Commission Staff on February 13, 1989 wherein, Mabry Holbrook, d/b/a Right Beaver, explained that he mistakenly believed the rates had been approved. Mr. Holbrook provided Staff with copies of five checks received from customers and receipts showing the checks had been returned by certified mail.

Subsequently, Right Beaver and Staff reached an agreement regarding settlement of the show cause portion of this case. The resulting Settlement Agreement, attached hereto and incorporated as if fully set out herein, establishes a reasonable basis for dismissing the instant proceeding against Right Beaver and by its terms shows Right Beaver's agreement to cease and desist from violating the provisions of KRS 278.160(2).

After consideration of the record in this case, the terms of the Settlement Agreement and being otherwise sufficiently advised,

the Commission is of the opinion and finds the terms and conditions of the Settlement Agreement are fair and reasonable and should be accepted and approved by the Commission for the resolution of this case.

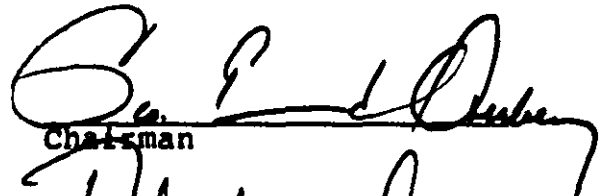
IT IS THEREFORE ORDERED that:

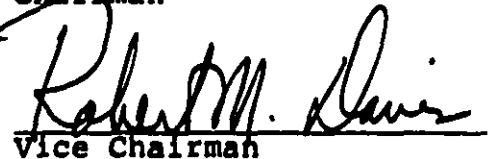
1. Right Beaver shall cease and desist from violating the provisions of KRS 278.160(2).

2. The Settlement Agreement is approved and the show cause proceeding is hereby dismissed.

Done at Frankfort, Kentucky, this 21st day of July, 1989.

PUBLIC SERVICE COMMISSION


Chairman


Vice Chairman


Commissioner

ATTEST:

Executive Director

COMMONWEALTH OF KENTUCKY

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COMPANY FOR A RATE ADJUSTMENT PURSUANT)	CASE NO.
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FOR SMALL UTILITIES)	

SETTLEMENT AGREEMENT

On January 19, 1989, an Order to Cease and Desist and to Show Cause was issued to Right Beaver Gas Company in Case No. 10404. The basis for the Order was information regarding the implementation of an unapproved rate increase on or about the first week of January, 1989.

At a conference held on February 13, 1989, it was determined that Mr. Mabry Holbrook, on behalf of Right Beaver Gas Company, had refunded the five payments which he had received. Upon being informed that the new rate was not yet effective, Mr. Holbrook made the refunds by certified mail. (See attached copies of checks and return receipts.) None of the checks had been deposited by Mr. Holbrook. Subsequently, new rates were approved on February 2, 1989, and made effective as of that date.

Mr. Holbrook states that the unauthorized billing was done subsequent to a misunderstanding of an oral communication. It is his contention that he believed that the rate had been approved. It is a matter of record that the Staff recommended rates substantially above what Right Beaver originally requested, and that on January 3, 1989, the Intervenor informed the Commission

of their willingness to accept the Staff Report. However, an Order was not entered granting rates until February 2, 1989.

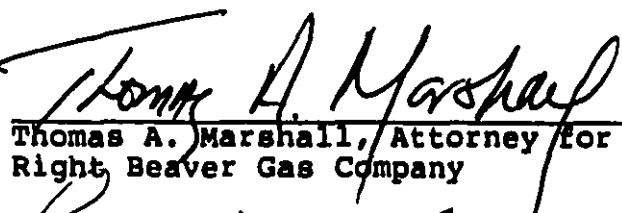
It is hereby recognized that an application has been made to the Commission for approval of the transfer of Right Beaver Gas Company to Dema Gas, Inc. as evidenced by Case No. 89-100. The Commission Staff and Right Beaver Gas Company tender this Settlement Agreement so that this outstanding matter may be resolved prior to consideration of the aforementioned transfer.

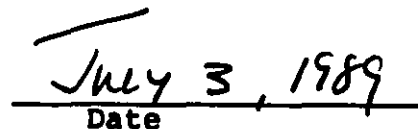
IT IS HEREBY AGREED that:

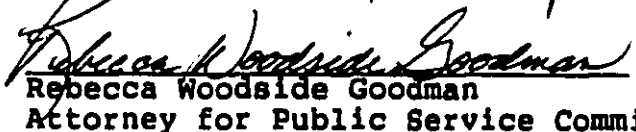
1. Right Beaver hereby waives hearing in this matter.
2. Right Beaver will cease and desist from violating the provisions of KRS 278.160(2).

3. This matter is satisfactorily resolved in that Right Beaver has refunded all unauthorized charges. Therefore, this matter should be dismissed.

4. It is understood by the below signatories that this Settlement Agreement is subject to ratification and approval by Order of the Commission.


Thomas A. Marshall, Attorney for
Right Beaver Gas Company


Date


Rebecca Woodside Goodman
Attorney for Public Service Commission


Date

0839

1/16 89

James G. P. New L. Hall Co.
 Attn: Mr. New L. Hall Co.
 1000 N. 1st St.
 Springfield, Mo. 65802

42

Right Beaver Gas Co.

1538

PAY TO THE ORDER OF

thirty-eight + 42/100

First Commonwealth Bank

Jerrine L. Hall

Dec 1 - Jan 1

004210294010839 3724565006

NOTE: Complete items 1 and 2 when additional services are desired, and complete item 3 if address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this item being returned to you. The return receipt fee will provide you the name of the person to and the date of delivery. For additional fees the following services are available. Consult carrier for fees and check box(es) for additional service(s) requested.

1 ☐ Registered Delivery (Extra charge) 2 ☐ Registered Delivery (Extra charge)

Is Addressed to:
 Anley R. Hall
 1480 Box 586
 Topmost KY 40382

4. Article Number
 2901488595

Type of Service:
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

Signature - Addressee
 James R. Hall

Signature - Agent

Date of Delivery
 12-1-89 A/K

5. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

313

Kelley, NU 111 / 12-11-89

ROSETTA H HALL
HC 80, BOX 1290
TOPMUST, KY 41062

Ben 14-19-89 13:55:41
Right Beacon Box 00 5 27089
Twenty eight dollars and 44 cents
WFO
Rosa 11-1-89

THE BANK OF HINDMAN, INC.
HINDMAN, KENTUCKY

042105154: F011 412 1*

SENDER: Complete items 1 and 2 if additional services are desired, and complete items 3 and 4.

1. Your address in the "RETURN TO" box must be legible. Failure to do this will prevent this article from being returned to you. If you wish, you may also provide the name of the person to whom the article should be delivered, and the date of delivery.

2. Show to whom delivered, date, and place of delivery. (If the address is not legible, show to whom delivered, date, and place of delivery.)

3. Show to whom delivered, date, and place of delivery. (If the address is not legible, show to whom delivered, date, and place of delivery.)

4. Article Number: **P 901 488592**

5. Signature - Addressee: **ROSETTA H. HALL**

6. Signature - Agent: **Rosa H. Hall**

7. Date of Delivery: **12-11-89**

8. Addressed to: **ROSETTA H. HALL**
HC 80 Box 1290
Topmust, Ky 41062

9. Type of Service:
☒ Registered
☒ Certified
☐ Express Mail
☐ Insured
☐ COD

10. Always obtain signature of addressee or agent and **DATE DELIVERED**.

11. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

FRED OR SALLY PATTON

HC 80, BOX 3000 447-2187

TOPMOST, KY 41862

690

73-515/421

PAY TO THE
ORDER OF

Right Beaver Gas Co. \$ 42.25
Sally - Dad and 75/100 DOLLARS

THE BANK OF HINDMAN, INC.
HINDMAN, KENTUCKY

MEMO

10421051541 11012 474 511

Sally Patton

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date and address of addressee. ☐ Registered Delivery ☐ (Extra charge)?

2. Article Addressed to:

Fred or Sally Patton
HC80 Box 3000
Topmost Ky 41862

3. Article Number: 7901488576

4. Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Addressee's Address (ONLY if requested and fee paid)

Signature - Addressee

Signature - Agent

Date of Delivery: 2-3-89

Signature: Fred or Sally Patton

DOMESTIC RETURN RECEIPT

IMOGENE LITTLE 8-77

1768

BOX 25
TOPMOST, KY 41862

1-18-1989 7:22

Pay To The Order Of Right Bank Co. \$ 5.08
Five 08/100 Dollars

THE BANK Bj JOSEPHINE

For Ellen Little Imogene Little

⑆042602937⑆1768 ⑈08001661⑈

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN" space on the reverse side. Failure to do this will prevent this card from being returned to you. Postmaster registered fee will provide you the name of the person delivered to and the date of delivery. Additional fees for the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date and address's address. 2. ☐ Restricted Delivery
†(Extra charge)† †(Extra charge)†

3. Article Addressed to:

Imogene Little
Box 25
Topmost, Ky 41862

4. Article Number

P 901 488 577

Type of Service:

- ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Addressee

X Imogene Little

6. Signature - Agent

X

7. Date of Delivery

1-31-89

8. Addressee's Address (ONLY if requested and fee paid)

Ref: NO 4501 Return 1-26-89
 HOBERT OR MARGARET BATES 1-73 323
 HC 80, BOX 545 447-2443
 TOPMOSH, KY 41062-9702
 1-17 1989 73-294
 421
 PAY TO THE ORDER OF
 Knight & Grand Blue Co 15 75 00
 Twenty Five 1/10
 DOLLARS
 First Commonwealth Bank
 Hobert Bates
 204.210271.00:0123 204.1.102706

SENDER: Complete items 1 and 2 when additional services are desired, and complete item 3
 and 4. Your address in the "RETURN TO" section on the reverse side. Failure to do this will prevent this
 from being returned to you. The return fee will provide you the name of the person
 to whom the item is returned and the date of delivery. Additional fees for the following services are available. Consult
 the back of the envelope for details. 1. ☐ Registered Mail (Extra charge) 2. ☐ Restricted Delivery
☐ Show to whom delivered, date, and addressee's address. 3. ☐ Signature Required (Extra charge)

Article Addressed to:
 Hobert Bates
 HC 80 Box 545
 Topmosh Ky 41062

4. Article Number
 P 901 488 578

Type of Service:
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee
 or agent and DATE DELIVERED.

5. Addressee's Address (ONLY if
 requested and fee paid)

Signature - Addressee
 Hobert Bates

Signature - Agent

Date of Delivery
 2-7-89 A K

DOMESTIC RETURN RECEIPT